

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

33402
Do not use this space.

REC'D OCT 18 1938

1. PLACE OF DEATH

(a) County Linn Registration District No. 799
 (b) Township State Primary Registration District No. 4479 Registered No. 43
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
James Samuel Riggs
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Riggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Spanish War
 10. Date deceased last worked at this occupation (month and year) October 1935
 11. Last occupation Retired

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly Mo

FATHER 13. NAME Daniel Riggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Lumie Jew Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Sally Riggs 6603 Windsor Road KEWRS

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Kansas DATE Oct 5-38

19. FUNERAL DIRECTOR (ADDRESS) Lower of Sully State, Ia

20. FILED W. M. Little Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 2 1938

22. I HEREBY CERTIFY, That I attended deceased from our home, to admit, 1938

I last saw him alive on Oct 2-1938 Death is said to have occurred on the date stated above, at 11:25 pm

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
alo

Other contributory causes of importance:

no rest - knew

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) M. C. Suggins, M. D.

_____, _____ (Address) State, Mo.

Date of onset Do not know

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-X12004

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE OCT 12 1938

STATEMENT BY LICENSED EMBALMER

I, J. E. Jones, Licensed Embalmer No. 3143
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John A. Sage
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed J. E. Jones
Licensed Embalmer No. 3143

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)